

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004069

FILED  
May 02, 2006  
Secretary of State

Entity Name: LIFELINE HEALTH CARE OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

7655 38TH AVE., NORTH  
STE 213  
ST PETERSBURG, FL 33710 US

**New Principal Place of Business:**

8482 SOUTH TAMiami TRAIL  
SARASOTA, FL 34238 US

**Current Mailing Address:**

600 CLIFTY STREET  
SOMERSET, KY 42503

**New Mailing Address:**

FEI Number: 59-3329911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W BOY SCOUT BOULEVARD, 10TH FLOOR  
TAMPA, FL 336075736 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: WILSON, JAMES T  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: PD ( ) Delete  
Name: FRAZER, JAMES M  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503 US

Title: D ( ) Delete  
Name: WEDDLE, RICHARD DR.  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: D (X) Delete  
Name: SINCLAIR, KEITH G  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: WEDDLE, RICHARD DR.  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. FRAZER

PRES

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date